

16328

PTO/SB/21 (08-03)
Approved for use through 08/30/2003 OMB 0651-0037
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/903,395
	Filing Date	07/10/01
	First Named Inventor	ALLEN
	Art Unit	1632
	Examiner Name	Michael C. Wilson
Total Number of Pages in This Submission	Attorney Docket Number	R-653

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kelly L. Quast, Reg. No. 52,141	
Signature		
Date	09/11/03	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Don Mixon		
Signature		Date	09/11/03

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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PTO/SB/17 (08-03)

Approved for use through 07/31/2006 OMB 0651-0032
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FREE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 205.00
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Complete if Known

Application Number	09/903.395
Filing Date	July 10, 2001
First Named Inventor	ALLEN
Examiner Name	Michael C. Wilson
Art Unit	1632
Attorney Docket No	R-653

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

50-1271

Deltagen, Inc.

The Director is authorized to: *(check all that apply)*

☐ Charge fee(s) indicated below ☐ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, **except for the filing fee**
to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

	Large Entity	Small Entity
1. Revenue Recognition	Revenue is recognized when the performance obligation is satisfied, which is typically when control of the goods or services is transferred to the customer.	Revenue is recognized when the performance obligation is satisfied, which is typically when control of the goods or services is transferred to the customer.
2. Expense Recognition	Expenses are recognized when the related asset is consumed or the liability is incurred, which is typically when the performance obligation is satisfied.	Expenses are recognized when the related asset is consumed or the liability is incurred, which is typically when the performance obligation is satisfied.
3. Asset Recognition	Assets are recognized when the entity has control over a resource that is expected to generate future economic benefits.	Assets are recognized when the entity has control over a resource that is expected to generate future economic benefits.
4. Liability Recognition	Liabilities are recognized when the entity has a present obligation to transfer an asset or provide a service in the future.	Liabilities are recognized when the entity has a present obligation to transfer an asset or provide a service in the future.
5. Equity Recognition	Equity is recognized as the residual interest in the entity's assets after deducting all liabilities.	Equity is recognized as the residual interest in the entity's assets after deducting all liabilities.

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)	(\$)
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below	Fee Paid
Total Claims	<input type="text"/>	20** = <input type="text"/>	X	<input type="text"/>	<input type="text"/>
Independent Claims	<input type="text"/>	3** = <input type="text"/>	X	<input type="text"/>	<input type="text"/>
Multiple Dependent				<input type="text"/>	<input type="text"/>

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$)
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity , Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	410	2252	205	Extension for reply within second month
1253	930	2253	465	Extension for reply within third month
1254	1,450	2254	725	Extension for reply within fourth month
1255	1,970	2255	985	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,300	2453	650	Petition to revive - unintentional
1501	1,300	2501	650	Utility issue fee (or reissue)
1502	470	2502	235	Design issue fee
1503	630	2503	315	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))
1801	750	2801	375	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)	(\$)	2,150.00
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SUBMITTED BY

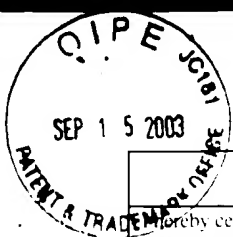
Suppose

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[illegible]

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1. "need assistance" completely from the "need assistance" section.



CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450 Alexandria 22313-1450.			
Typed or Printed Name	Don Mixon		
Signature		Date	SEP 16 2003 TECH CENTER 1600/2900

PAYMENT OF FEE Address to: Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/903,395
	Confirmation Number	9465
	Filing Date	July 10, 2001
	First Named Inventor	Keith D. Allen
	Examiner	Michael C. Wilson
	Group Art	1632
	Title	Transgenic Mice Containing Melanocortin-3 Gene Disruptions
	Attorney Docket No.	R-653

Dear Mr. Paras:

In response to the notice titled "Informality Re Payment of Fee" dated July 30, 2003, Applicants hereby submit payment of the balance due associated with the response to the Office Action dated April 16, 2003, which response was filed July 16, 2003, requesting an extension of time of two (2) months. Please find enclosed a Fee Transmittal in the amount of \$205.00, which covers the balance due. Applicants believe all outstanding fees associated with the filing of the response to the Office Action dated July 16, 2003 have been paid.

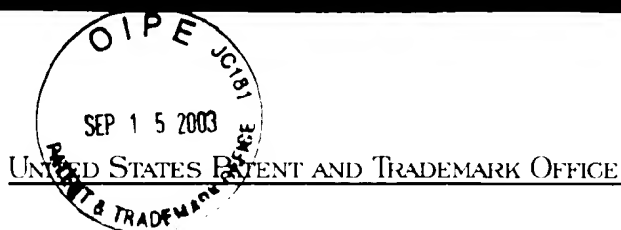
The Commissioner is hereby authorized to charge any underpayment of fees associated with this communication, or credit any overpayment, to Deposit Account No. 50-1271.

Respectfully submitted,
DELTAGEN, INC.

Date: _____

By: _____
Kelly L. Quast

100 Bay Road
Redwood City, CA 94063
Telephone: (650) 569-5100
Facsimile: (650) 569-5280



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SEP 16 2003

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION
09 903,395	07 10 2001	Keith D. Allen	R-653	9465

TECH CENTER 1600/2200

7590 07 30 2003
DELTAGEN, INC.
1003 Hamilton Avenue
Menlo Park, CA 94025

EXAMINER

WILSON, MICHAEL C

ART UNIT PAPER NUMBER

1632

DATE MAILED: 07 30 2003

Please find below and/or attached an Office communication concerning this application or proceeding.

9.15.03
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BY: M



**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

Address : COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.



EXAMINER	
ART UNIT	NUMBER
RECEIVED	
SEP 16 2003	

DATE MAILED:

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INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with [] the original filing fee [] the amendment filed 7-22-03 is indicated below.

A. FEE DUE

1. ☒ The amendment is considered incomplete in that the funds in Deposit Account No. 50-2-1 are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ _____ is due for additional claims.

5. _____

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE,
OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,
WITHIN WHICH TO REMIT THE FEE OF \$ 100.00.

B. EXCESS PAYMENT: